

# Ocean State Center for Independent Living

## Consumer Satisfaction Survey 2021-22

This survey may also be taken online at [www.oscil.org](http://www.oscil.org)

Deadline to respond is February 19, 2022

*(Only those who have received services from OSCIL between October 1 – December 31, 2021 should fill out this survey. If you did not receive services during this time period, please disregard).*

1. How did you hear about OSCIL? (Check most appropriate answer)

Conference Exhibit/Workshop     Facebook     Family/Friend     Health Care Provider  
 Internet/Google     OSCIL Newsletter     Resident Services Coordinator  
 State Agency     Other Agency     Walk-in    Other \_\_\_\_\_

2. In which of the following services areas did you receive assistance from OSCIL:

Advocacy Services     Assistive Devices     Communication Assistance  
 Deaf/ Hard of Hearing Services     Gift of Hearing     Home Accessibility/ Modifications  
 Housing Assistance     Independent Living Skills Training     Information & Referral  
 Nursing Home Transition     PCA Program     Peer Support     YMCA/OSCIL Program  
 Youth Transition     Technology & Training     COVID-19 Services

3. Are you satisfied with the services you have received from OSCIL? Yes  No  N/A

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. As a result of the services you have received from OSCIL, have you achieved greater independence in your home and/or community? Yes  No  Not yet, still working with OSCIL

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Did the OSCIL staff member(s) you worked with treat you with courtesy and respect and listen to your concerns? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

6. Are there other disability-related services you would like OSCIL to provide? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

7. Would you recommend OSCIL to your friends and family? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

8. What is your disability? (Check all that apply)

\_\_\_ Cognitive    \_\_\_ Hearing    \_\_\_ Mental /Emotional Health    \_\_\_ Physical  
\_\_\_ Vision    \_\_\_ Other \_\_\_\_\_

9. Are there any programs or services that you need but have been unable to find in RI? Yes \_\_\_ No \_\_\_

If yes, please list them here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Would you like to subscribe to OSCIL's email list to receive notifications about OSCIL news & events?

Yes \_\_\_ No \_\_\_ Already Subscribed \_\_\_ I don't use email \_\_\_

You may leave us your name and contact information if you wish. It is not mandatory.

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!**

**Please return it to us no later than February 18, 2021. Mail to:**

**OSCIL  
1944 Warwick Avenue  
Warwick, RI 02889  
Attn: CSS**